

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	1					
7	0					
8	0					
9	0					
10	1					
11	1					
12	1					
13	3					
14	1					
15	1					
16	1					
17	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						